

COUNCIL OF THE ISLES OF SCILLY Planning Department Town Hall, The Parade, St Mary's, Isles of Scilly, TR21 0LW 0 01720 424350 Planning@scilly.gov.uk

Application for tree works: works to trees subject to a tree preservation order (TPO) and/or notification of proposed works to trees in a conservation area.

Town and Country Planning Act 1990

You can complete and submit this form electronically via the Planning Portal by visiting www.planningportal.gov.uk/apply

Publication of applications on planning authority websites

Please note that the information provided on this application form and in supporting documents may be published on the Authority's website. If you require any further clarification, please contact the Authority's planning department.

Please complete using block capitals and black ink.

You must use this form if you are applying for work to trees protected by a tree preservation order (TPO). (You may also use it to give notice of works to trees in a conservation area).

It is important that you read the accompanying guidance notes before filling in the form. Without the correct information, your application / notice cannot proceed.

Applicant Name and Address	2. Agent Name and Address
Title: MR First name: STEVE	Title: MR First name: MATHCH
Last name: SMETHURST	Last name: ROGRA
Company (optional):	Company (optional):
Unit: House House suffix:	Unit: House number: House suffix:
House name: DEMEL2A	House name: LUNNON
Address 1: TACKSON'S MILL	Address 1:
Address 2:	Address 2:
Address 3:	Address 3:
TOWN: ST MARY'S	Town: ST. MARCY'S
county: ISLES OF SCILLY	county: ISLES OF SCILLY
Country: UN	Country: WW
Postcode: TRZI	Postcode: M21 ONZ

3. Trees Loc	ation				(A Troop O	Nama a mala i m				
If all trees stand 4. Otherwise, pl	at the address sho ease provide the fu s) stand (including	ull address/loc	cation of the	site	4. Trees O Is the applica If 'No' please owner (if kno	ant the own	er of the tr	fthe	Yes location)	No No
Unit:	House number:		House suffix:		Title:		First nam	e:		
House name:					Last name: Company					
Address 1:					(optional):		louse [House	. [
Address 2:					Unit:		umber:		suffix	
Address 3:					name:					
Town:				=	Address 1:					
County:					Address 2:					
Postcode					Address 3:					
(if known): f the location is	unclear or there is	not a full post	al address	ithar	Town:					
describe as clear	ly as possible when l igh Street ' or 'Woo	re it is (for exa	mple, 'Land	to the	County:					
provide an Ordr	ance Survey grid r	eference:	ing Lim Koa	1) or	Country:					
Description:		-			Postcode:					
					Telephone nu Country code		I number:			Extension number:
					1	Ivationa	irriumber.			number:
					Country code	Mobile	number (o	ptional):		
					Country code		-h (t)			
					Codritty code	- rax nun	nber (optio	nai):		
					Email address	(optional):				
. What Are \	ou Applying F	or?		$\overline{}$	6. Tree Pres	servation	Order D	Details		
Are you seeking subject to a TPO	consent for works ?	to tree(s)	Yes] No	If you know wh below.	nich TPO pro	otects the	tree(s), ente	r its title o	or number
Are you wishing n a conservation	to carry out works area?	to tree(s)	Ƴes [] No						34
Please identify the necessary. You morotected by a TF rour sketch plan Please provide the rees are protected Janting replacer .g. Oak (T3) - fell	on Of Tree(s) A e tree(s) and provi ight find it useful i O, please number (see guidance note e following informed by a TPO you ment trees (including because of excessive	ide a full and of to contact and them as show es). nation below: ust also provion ng quantity, s e shading and	clear specific arborist (tre vn in the Fir tree species de reasons f pecies, posi low amenit	eation of e surgeo st Sched (and the or the we tion and value. R	n) for help with outer to the TPO we e number used cork and, where tr size) or reasons the plant with 1 state	defining appointment this is a contract the sketch on the sketch or are being for not wan and ard ash in the sketch of the sketc	propriate v available. U h plan) and ng felled, p ting to rep n the same p	vork. Where Jse the sam d description blease give y lant. blace.	trees are e number	s on
	BROEN (
	101111111		101401	- 4 1	11 / ~	(11//(1/	- N A N	1 1 // 1		1
INCLE	JOH TRE	DUNG	1001	0 -	DI IL	UVEK	- 10(18	rugue		

THE TREASPEC VIG REN	ELY REDUCING THE AVAILABLE AMENIM SPACE IN GARDEN. DESPITE SIGNIFICANT PRUNING IN 2019, THE BARE LARGER AND DENSER THAN BEFORE AND THIS ES OF TREE WILL NOT SURVIVE OR RE-GROW FROM MORE ROUS PRUNING. THEREFORE THE PLAN IS TO RELL AND IN E 12x LEYLANDII IN QUESTION, WHILST RETAINING THE EN OF MATURE ELMS AND SYCAMORE TLEES TO EAST.
	ACC 12xLEYLANOII-FELL AND REMOVE
8. Tree	Additional Information
Addition	information may be attached to electronic communications or provided separately in paper format.
Please inc must be a	o trees covered by a TPO ate whether the reasons for carrying out the proposed works include any of the following. If so, your application companied by the necessary evidence to support your proposals. (See guidance notes for forther details) Intion of the tree(s) - e.g. it is diseased or you have fears that it might break or fall: Yes
	If YES, you are required to provide written arboricultural advice or other diagnostic information from an appropriate expert.
,2. AH	red damage to property - e.g. subsidence or damage to drains or drives. If YES, you are required to provide for:
	Subsidence A report by an engineer or surveyor, to include a description of damage, vegetation, monitoring data, soil, roots and repair proposals. Also a report from an arboriculturist to support the tree work proposals.
	Other structural damage (e.g. drains, walls and hard surfaces) Written technical evidence from an appropriate expert, including description of damage and possible solutions.
Documer Are you p	and plans (for any tree) viding separate information (e.g. an additional schedule of work for Question 7)? Yes
If YES, ple If they are	e provide the reference numbers of plans, documents, professional reports, photographs etc in support of your application. eing provided separately from this form, please detail how they are being submitted.

9. Authority Employee / Member			
With respect to the Authority, I am: (a) a member of staff (c) related to a member of staff		Do any of the control	
(b) an elected member (d) related to an elected member		Do any of these statements apply to you? Yes	
If Yes, please provide details of the name, relationship and role		Yes	
in rest, please provide details of the flame, relationship and role			
10. Application For Tree Works - Checklist			
Only one copy of the application form and additional information (C	Question 8) is	required. Please use the guidance and this chacklist	to
make sure that this form has been completed correctly and that all r	relevant infor	mation is submitted Please note that failure to	
supply precise and detailed information may result in your applicati but it may help you to submit a valid form.	ion being reje	ected or delayed. You do not need to fill out this secti	on,
Sketch Plan			
 A sketch plan showing the location of all trees (see Question) 	n 8)		
For all trees			
(see Question 7)			
 Clear identification of the trees concerned 			
 A full and clear specification of the works to be carried out 			
For works to trees protected by a TPO (see Question 7)			
Have you:			
stated reasons for the proposed works?			
PROCESSOR TO SELECT TO SELECT TO SERECT TO SERECT TO SERECT TO SERECT TO SERECT TO SERECT TO SERVICE TO SERVIC			Į
provided evidence in support of the stated reasons? in part	icular:		
 if your reasons relate to the condition of the tree(s) - w appropriate expert 	ritten eviden	ce from an	
 if you are alleging subsidence damage - a report by an 	appropriate	engineer or surveyor	- 1
and one from an arboriculturist. in respect of other structural damage - written technic.			
	an ewdence		1
 included all other information listed in Question 8? 			
11. Declaration - Trees			\prec
I/we hereby apply for planning permission/consent as described in the	is form and t	ha accompany due along de la	
HILDINGUOL IVVE COMMIN HIGH TO THE DEST OF THE POST REPROPERTY	facts stated a	are true and accurate and any opinions given are the	Į
genuine opinions of the person(s) giving them. Signed - Applicant:			- 1
5			\neg
Date (DD/MM/YYYY):			
(This date must not be before the date of sending or hand-delivery of the form)			Î
12. Applicant Contact Details	(13 Agen	t Contact Details	\preceq
Telephone numbers			
Extension	Telephone	Extension	on
Country code: National number: number:	Country co	de: National number number	<u>-</u>
Country code: Mobile number (optional):			
Country code: Mobile number (optional):			
Country code:			
Country code: Fax number (optional):	Country co	de: Fax number (optional):	1
Franklanders (All and			
Email address (optional):	Email addre	ess (optional):	
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Electronic communication - If you submit this form by fax or e-mail the LFN may communicate with you in the same manner. (Please see guidance notes)